

IDAPA 16 - DEPARTMENT OF HEALTH AND WELFARE

16.03.18 - RULES GOVERNING MEDICAID COST-SHARING

DOCKET NO. 16-0318-0901 (FEE RULE)

NOTICE OF RULEMAKING - TEMPORARY AND PROPOSED RULE

EFFECTIVE DATE: The effective date of the temporary rule is July 1, 2009.

AUTHORITY: In compliance with Sections 67-5221(1) and 67-5226, Idaho Code, notice is hereby given that this agency has adopted a temporary rule, and proposed regular rulemaking procedures have been initiated. The action is authorized pursuant to Sections 56-202, 56-239, and 56-240, Idaho Code, and Title XXI of the Social Security Act.

PUBLIC HEARING SCHEDULE: Public hearings concerning this rulemaking will be held as follows:

WEDNESDAY JULY 8, 2009 6:00 p.m. MDT	THURSDAY JULY 9, 2009 7:00 p.m. PDT	THURSDAY JULY 16, 2009 5:00 p.m. MDT
State Office Bldg. 150 Shoup Ave. 2nd Floor Lg. Conf. Room Idaho Falls, ID	DHW - Region 1 Office 1120 Ironwood Drive Suite 102, Lg. Conf. Room Coeur d'Alene, ID	DHW - Region III Office 3402 Franklin Road Sawtooth Room Caldwell, ID

The hearing site(s) will be accessible to persons with disabilities. Requests for accommodation must be made not later than five (5) days prior to the hearing, to the agency address below.

DESCRIPTIVE SUMMARY: The following is the required finding and concise statement of its supporting reasons for adopting a temporary rule and a nontechnical explanation of the substance and purpose of the proposed rulemaking:

In order to meet legislative intent for Medicaid cost containment in House Bill 322 for the state fiscal year 2010, the Department is implementing changes in this chapter to add a cost-sharing premium for Home Care for Certain Disabled Children (HCCDC) also known as Katie Beckett. These requirements implement cost-sharing in the form of a monthly payment based on family income that is remitted to the Department each month. Failure to pay will not affect the child's eligibility, but may result in collection procedures that are also being identified in these rules.

TEMPORARY RULE JUSTIFICATION: Pursuant to Section 67-5226(1)(b), Idaho Code, the Governor has found that temporary adoption of the rule is appropriate for the following reasons:

These rule changes are needed to meet deadlines in governing law to implement cost containment measures for the state fiscal year 2010.

FEE SUMMARY: Pursuant to Section 67-5226(2), the Governor has found that the fee or charge being imposed or increased is justified and necessary to avoid immediate danger and the fee is described herein:

This cost-sharing measure is required to meet 2010 Legislative intent language in House Bill 322.

FISCAL IMPACT: The following is a specific description, if applicable, of any fiscal impact on the state general fund greater than ten thousand dollars (\$10,000) during the fiscal year:

The cost savings for this rulemaking for SFY 2010 is estimated at \$210,000 in state general funds. These savings are already reflected in the State Fiscal Year 2010 appropriation.

NEGOTIATED RULEMAKING: Pursuant to Section 67-5220, Idaho Code, negotiated rulemaking was not conducted because these cost saving measures are being required to meet legislative intent.

ASSISTANCE ON TECHNICAL QUESTIONS, SUBMISSION OF WRITTEN COMMENTS: For assistance on technical questions concerning the temporary and proposed rule, contact Robin Pewtress at (208) 364-1892.

Anyone may submit written comments regarding this proposed rulemaking. All written comments must be directed to the undersigned and must be delivered on or before July 22, 2009.

DATED this 4th day of June, 2009.

Tamara Prisock
DHW - Administrative Procedures Section
450 W. State Street - 10th Floor
P.O. Box 83720, Boise, ID 83720-0036
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THE FOLLOWING IS THE TEMPORARY AND PROPOSED TEXT FOR DOCKET 16-0318-0901

010. DEFINITIONS.

01. Co-Payment (Co-Pay). The amount a participant is required to pay to the provider for specified services. (3-19-07)

02. Cost-Sharing. A payment the participant or the financially responsible adult is required to make toward the cost of ~~his~~ the participant's health care. Cost-sharing includes both co-pays and premiums. ~~(4-6-05)~~(7-1-09)T

03. Department. The Idaho Department of Health and Welfare, or a person authorized to act on behalf of the Department. (3-19-07)

04. Federal Poverty Guidelines (FPG). The federal poverty guidelines issued annually by the U. S. Department of Health and Human Services (HHS). The federal poverty guidelines are available on the U.S. Health and Human Services web site at <http://aspe.hhs.gov/poverty/index.shtml>. ~~(3-19-07)~~(7-1-09)T

05. Medical Assistance. Payments for part or all of the cost of services funded by Titles XIX or XXI of the federal Social Security Act, as amended. (3-19-07)

06. Participant. A person eligible for and enrolled in the Idaho Medical Assistance Program. (3-19-07)

07. Premium. A regular and periodic charge or payment for health coverage. (4-6-05)

08. Social Security Act. 42 U.S.C. 101 et seq., authorizing, in part, federal grants to the states for medical assistance to eligible low-income individuals. (3-19-07)

09. State. The state of Idaho. (4-6-05)

10. Title XIX. Title XIX of the Social Security Act, known as Medicaid, is a medical benefits program

jointly financed by the federal and state governments and administered by the states. This program pays for medical assistance for certain individuals and families with low income and limited resources. (7-1-09)T

11. Title XXI. Title XXI of the Social Security Act, known as the State Children's Health Insurance Program (SCHIP). This is a program that primarily pays for medical assistance for low-income children. (7-1-09)T

011. -- 024. (RESERVED).

025. PARTICIPANTS EXEMPTIONS FROM COST-SHARING.

01. Native American and Alaskan Native Participants. Native American and Alaskan Native participants are exempt from the cost-sharing provisions of Sections 200 and 300 of these rules. The participant must declare his race to the Department to receive this exemption. (~~3-19-07~~)(7-1-09)T

02. Title XXI Participants. Participants funded through Title XXI and receiving Medicaid Enhanced Plan benefits are exempt from the cost-sharing provisions of Section 200 of these rules. (7-1-09)T

(BREAK IN CONTINUITY OF SECTIONS)

200. PREMIUMS.

01. Family Income Above 133% of FPG. (7-1-09)T

a. Each participant funded by Title XXI and with family income ~~at or~~ above one hundred thirty-three percent (133%) of the ~~Federal Poverty Guideline (current FPG)~~ and equal to or less than one hundred fifty percent (150%) of the FPG must pay a monthly premium of ten dollars (\$10) to the Department. (~~3-19-07~~)(7-1-09)T

b. Each participant funded by Title XIX and with family income above one hundred thirty-three percent (133%) of the current FPG and equal to or less than one hundred fifty percent (150%) of the FPG is not required to pay a premium. (7-1-09)T

02. Family Income Above 150% of FPG. Each participant with family income above one-hundred fifty percent (150%) of the ~~Federal Poverty Guideline (current FPG)~~ and equal to or less than one-hundred eighty-five percent (185%) of the FPG must pay a monthly premium of fifteen dollars (\$15) to the Department. (~~3-19-07~~)(7-1-09)T

03. Family Income Above 185% of FPG. Each participant with family income above one-hundred eighty-five percent (185%) of the current FPG and equal to or less than three hundred percent (300%) of the FPG must pay a monthly premium equal to three percent (3%) of the family income to the Department. (7-1-09)T

04. Family Income Above 300% of FPG. Each participant with family income above three-hundred percent (300%) of the current FPG must pay a monthly premium of four and a one-half percent (4.5%) of the family income to the Department. (7-1-09)T

05. Failure to Provide Information. The family must provide the Department with information needed to determine family income and household size. Failure to provide information will subject the participant to a monthly premium equal to the average monthly cost of coverage for participants receiving Medicaid Enhanced Plan benefits. (7-1-09)T

~~036.~~ Failure to Pay Premium. (7-1-09)T

a. ~~A participant's~~ Failure to pay the premium can make the participant ineligible for coverage unless the participant is eligible as a "Certain Disabled Child" described in IDAPA 16.03.05, "Rules Governing Eligibility for Aid to the Aged, Blind, and Disabled (AABD)." (~~3-19-07~~)(7-1-09)T

b. When a participant is eligible as a "Certain Disabled Child," failure to pay the premium can result in formal collection proceedings against the parent, parents, or any other adult financially responsible for the child. The amount owed determines in which court the Department pursues the debt collection of the delinquency. (7-1-09)T

047. Department Responsibilities. (3-19-07)

a. A participant must not be assessed premiums during the time initial eligibility is determined. Obligation for premium payments does not begin for at least sixty (60) days after receipt of application. (3-19-07)

b. A participant must not be assessed premiums for extra months of eligibility received due solely to the Department's late review of continuing eligibility. (3-19-07)

c. A participant must not be assessed premiums for months of retroactive eligibility. (3-19-07)

d. The Department is required to routinely notify a participant of his premium payment obligations including any delinquencies, if applicable. (3-19-07)